

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 710258**

1. Entity Name

ORLANDO WOMAN'S BOWLING ASSOCIATION, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90115 046 ****61.25

Principal Place of Business

159 BISMARK CT..
OCOE FL 34761

Mailing Address

159 BISMARK CT..
OCOE FL 34761-4304

80006805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1037976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICE, VICKI
159 BISMARK CT.
OCOE FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MALLOZZI, SANDRA L	2524 OSAGE TRAIL	FERN PARK FL 32730				
TD	WESTRICK, JOAN	6086 PEREGRINE AVE.	ORLANDO, FL 00000				
SD	DICE, VICKI	159 BISMARK CT.	OCOE FL 34761				
VPD	EDWARDS, EVELYN	974 MAHOGANY DRIVE	CASSELBERRY FL				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI DICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

407-877-8461

Daytime Phone #